Andrew W. Nichols, LMHC, PLLC

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COUNSELING INFORMATION & DISCLOSURE STATEMENT

Andrew W. Nichols, WA State # LH60598950
Master of Arts in Education: Community Counseling

Therapy is a collaborative relationship that works in part because of clearly defined rights and responsibilities held by each person. Our sessions are designed to create a safe space for you to take risks and receive support to bring about the change you seek. This disclosure statement outlines our roles, rights and responsibilities.

My Responsibilities to You as Your Counselor

I. Confidentiality (Notice of Privacy Practices)

With the exception of specific situations outlined in this agreement you have the right to confidentiality of your therapy. I will not tell anyone you are in therapy with me, without your prior written permission. I will not approach you or acknowledge you in public. If we do see each other in public the choice of acknowledgement is yours.

In addition to telephone calls I am available to you by email or text message. However, it is important to know that these forms of communication should never be used to indicate any type of emergency and that they are not completely confidential. I also do not conduct therapy via email or text messages.

Legal exceptions to your right to confidentiality

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else doing this, I must inform the appropriate agency.

3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I will explore all other options with you before taking this step.

4. If I am ordered by a judge to respond to particular questions or to release records.

II. Case Consultation/Information Shared

In an effort to provide quality care, I may review your case with a consultant(s). I may also write about your case and speak about in an effort to provide healing and insight to others. Anytime information about your case is shared your identifying information will be changed enough to maintain confidentiality.

III. Other Rights

Please feel free to ask me why I am using any particular method in therapy and/or ask me to try something that you believe will be more helpful to your healing and integration. You can ask me about my training and can request a referral to

another therapist if you decide I am not the right therapist for your needs. You are free to leave therapy at any time and you have the right to refuse anything that I suggest.

My Training and Approach to Therapy

I hold a Master of Arts in Education degree with a focus in Community Counseling from Seattle University. I am a Washington State Licensed Mental Health Counselor LH60598950. My practice is a PLLC (Professional Limited Liability Company) with Washington State. My professional training started at Valley Cities working with veterans, individuals and couples, for one year. I am a veteran of the United States Army, where I was a Sergeant. I have also worked with the Lesbian, Gay, Bisexual, Transgender, and Queer community, often times with individuals who identify as both LGBTQ and veteran. I have experience working with people in crisis, those who feel suicidal, couples, groups, areas of grief and loss, depression, PTSD and general anxiety.

My main therapeutic approach is EMDR (Eye Movement Desensitization and Reprocessing). It is important to be aware that distressing, unresolved memories may surface through the use of EMDR, as well as general therapy. Some clients have experienced reactions during treatment that were unanticipated by both the client and therapist. Your signature at the end of this consent acknowledges that you have obtained whatever additional information about EMDR prior to proceeding with this treatment. I encourage each of my clients to purchase and read Francine Shapiro's book "Getting Past Your Past," which describes EMDR well.

In addition to EMDR I focus on PCT (Person Centered Therapy) and Mindfulness techniques. PCT emphasizes that the client is the expert of his/her life and encourages client's to discover their internal strength, develop trust within and with other people, and be open to new experiences in life. Mindfulness helps clients slow down and become more aware of their current situation. My belief is that each of us has the answers to our own questions. In therapy we will work together to help acknowledge where you are blocked, why you are blocked and help release these blocks so you can listen to and follow your own instincts.

You normally will be the one who decides when therapy will end, with two exceptions: 1) If I am not, in my judgement, able to help you, because of the kind of problem you present with and/or because my training and skills are not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs; 2) If you do violence to, threaten (verbally or physically), stalk, or harass myself, others in my office building, or my loved ones, I reserve the right to terminate you unilaterally and immediately from treatment.

I do not have social (including on social media) or sexual relationships with clients because that would not only be unethical and illegal, it would be an abuse of the power I have as a therapist. I am available for brief between-session phone calls. If you are experiencing an emergency and cannot reach me, please call the Crisis Clinic at 206.461.3222, 911 or go to your nearest hospital emergency room for assistance.

Your Responsibilities as a Therapy Client

You are responsible for being at your session on time. Sessions are 50 minutes for individuals and 80 minutes for couples. If you are late we will end on time. If you need to cancel a session I require a 48 hour advanced notice. If you are using insurance it is your responsibility to make sure you have adequate coverage. If you come into session under the influence of any drugs this may be disruptive to our session and you will be asked to leave and charged for a missed session. If you are seeing me for couples counseling please know that anything you say to me individually can be brought up in our couple's sessions – we do not keep secrets in couples counseling.

Therapy can be uncomfortable and emotionally vulnerable. In our sessions we may uncover feelings that you have not thought about in some time. I ask you to explore this with a curious, open mind. Making changes in your beliefs or behaviors can be scary and sometimes disruptive to the relationships you already have. Together we may approach past trauma or suffering that I ask you to embrace and hold tenderly. It is important that you consider carefully whether these risks are worth the benefits to you of changing. My hope is that together we will work through your "growing pains" and, in not too long, you will find therapy to be beneficial.

I ask that you show up to your appointment without wearing any cologne/perfume, not smelling of cigarette/marijuana smoke, or have any other strong smell.

Fees

Individual counseling is $175 and couples counseling is $225. Facilitating group counseling is $150 per hour, or $35/individual/hour, whichever is greater. Clients can pay with cash, check or Venmo app with no extra fees; credit card (appx 4-5% fee). Please be aware that if you use a credit card or app for payment your full name may show on my bank statement, be stored in the apps database and/or show on a social media feed that you paid for services. Sessions canceled after the requested 48 hour advanced notice, or missed sessions (showing up 10 minutes or more after start time is considered a missed session), will be charged $100. Clients are charged $35 for NSF checks and $10/week for all late payments. There is a fee based on time (calculated based off client's session rate) for reviewing any documents from outside providers or insurance companies, this therapist will first talk to client about this fee and discuss if using session time or after session time is most appropriate for client. By signing this document you authorize this therapist to: 1) charge your credit card; 2) save your credit card information in Square and SimplePractice.com and; 3) bill your credit card if your insurance does not pay.

Credit Card: _____ _____ _____ _____

Ex: _____/_____ CVV: _____ Billing Zip:_____ Receipt emailed? _____

Client Consent to Counseling

I have read this statement and have had sufficient time to be sure that I considered it carefully. I have asked any questions that I need to, and understand the terms. I consent to treatment and understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Andrew Nichols. I am eighteen years of age or older and have been offered a copy of this statement.

This information conforms to standards set forth by the American Counseling Association. Any complaints regarding my services may be directed to the State of Washington Department of Health (PO Box 47857, Olympia, WA 98504-7857) and/or the American Counseling Association (HSQA Complaint Intake, 5999 Stevenson Ave, Alexandria, VA 22304).

Cell/Home_____ Text messages okay?* _____ Okay to leave message?_____

Email_____ Okay to email?*_____

Address_____

Date of Birth_____ EIP Client # if applicable†_____

Primary Insurance (name, member #, phone) †_____

Occupation_____ Veteran?_____ Branch of Service _____

Medical Doctor name, number and medications_____

Emergency contact/Relation_____ Phone_____**

Appointment reminder? Email (72 hours before)_____ Phone (voice/text 24 hours before)_____

What is the main concern that led you to consult with me? What are your goals for counseling?

Printed Name_____ Date_____

Signed_____

Andrew Nichols_____ Date_____

*By signing you acknowledge that email and text are not completely secure and should be used at your discretion. By providing your email you are authorizing this therapist to email you basic information and questions (typically in reference to appointment times, intake forms, etc). **You are authorizing this therapist to call your emergency contact in case of an emergency or concern for your safety. †You authorize this therapist to seek payment through your insurance and release information they request about you in order to do this.